SAVE AFFIDAVIT

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT PURSUANT TO O.C.G.A. § 50-36-1(E)(2) SUBMITTED TO DEPARTMENT OF FINANCE - OFFICE OF REVENUE

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate [type of public benefit], as referenced in O.C.G.A. § 50-36-1, from the City of Atlanta, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) I am a United States citizen. Please see link for acceptable forms of identification: http://law.ga.gov/immigration-reports 2) I am a legal permanent resident of the United States. ** Please see link for acceptable forms of identification: http://law.ga.gov/immigration-reports 3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.** Please see link for acceptable forms of identification: http://law.ga.gov/immigration-reports			
		My alien number issued by the Department of H	Homeland Security or other federal immigration agency is:
		The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as:	
In making the above representation under oath, I understand that fraudulent statement or representation in an affidavit shall be guilt allowed by such criminal statute. Executed in(City),(State).	any person who knowingly and willfully makes a false, fictitious, or ty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as		
	Signature of Applicant Date		
	Printed Name of Applicant		
	Name of Business		
	Business License Acct No.		
SUBSCRIBED AND SWORN BEFORE ME ON			
THIS THE DAY OF, 20			
NOTARY PUBLIC /SEAL			
My Commission			